Requirements to Enhance the Quality of Life of the Elderly in Saudi Society: A Case Study on a Sample of Elderly People in Riyadh

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Abstract

The present study aimed at defining the requirements to enhance the quality of life of the elderly in KSA by identifying their psychological, social, and economic problems and health and cultural needs. It is an analytical-qualitative study. The study adopted the social survey method. It applied a questionnaire to a sample of (384) females of elderly people in the health centers throughout (Northern, Eastern, Southern, and Western) Riyadh. It revealed psychological, social, and economic problems and health and cultural needs. It concluded a set of planning indicators to help decision and policy makers in enhancing the quality of life of the elderly in KSA.

Keywords: Elderly people, Enhancing quality of life, Requirements

Introduction:

Humans go through various successive stages of development; childhood, adolescence, youth, and old age. Each stage has certain needs, features, and challenges that become more complicated when getting older. Thus, many civilized societies give special attention to them; establish many specialized centers; hold conferences, forums, and meetings discussing elderly-related problems to identify their needs accurately. Moreover, extensive research has been conducted in different fields for investigating this age group to enhance the quality of their life. Elderly people have done their best to serve their communities. Therefore, they deserve a better quality of life. Investigating elderly people is a vital field that requires the synergy of scholars in various areas to examine profoundly the multiple dimensions of their life because they are a significant social segment.

Statement of the Problem

Various successive human life stages are getting a growing interest. However, unlike children, elderly people have not been addressed adequately. Taking care of elderly people is a concern shared by all religions and human rights laws. Article 25 of the Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of

himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (the United Nations, 1994).

The suffering of elderly people is not limited to physical and health problems. Rather, it extends to the feeling of hatred and negligence, causing them depression, stress, and disappointment. Consequently, it affects their understanding of life and compatibility with others (Jibran, 2018, p.379). Elderly people receive a growing interest in both developed and developing societies based on international changes, resulting in a significant change of relations among society members. Consequently, the social roles of those groups needing assistance from others are changing considerably. Elderly people have growing needs due to their physiological, biological, and psychosocial changes accompanying old age (Al-Ghareeb, 2003, p.247). These changes are associated with further difficulties that may hinder the harmony of elderly people with family and community, in general, and affect the psychological and physical condition, in particular.

At the same time, social workers are more involved in promoting the quality of life of the elderly by meeting their needs, resolving their problems, examining the surroundings, and conducting studies and statistics that are helpful in categorizing their health, economic, and psychosocial needs. In early 2012, the United Nations indicated that there are about 316,600 elderly people all over the world according to the National British Statistics Office and that one-third of the people born in 2013 will become centenarians. In 2018, persons aged 65 or above outnumbered children under five years of age globally (the United Nations, 2019). In a survey conducted in 2017 in Saudi Arabia, elderly people numbered 854,281 (4.19% of the total population), out of which 48.9% were males, and 51.1% were females (The General Authority for Statistics, 2017).

Due to the high rates of elderly people, social authors have an increasing interest in studies tackling this age group, especially under the notable advancement in public health and prevention and treatment levels. Such advancements remarkably contribute to extending their life expectancy (Al-Qabndi, 2004, p.11). Elderly people have many psychosocial, economic, and health needs. Abu Hashim (2007) reports that they have economic needs, e.g. appropriate

housing, adequate income, and social policy that ensures a well-off life. If the multiple needs of elderly people have not been met satisfactorily, tremendous economic and psychosocial problems may arise concerning social relationships, and spending leisure time. They have countless medical problems as the efficiency of most of their body systems significantly declines (Albahi, 2000, p.357).

Therefore, Saudi Arabia is interested in offering various services to elderly people to reduce these problems in the light of the wide-ranging development efforts in all domains, including social care and research. However, the loneliness and isolation suffered by many elderly people due to the social alterations bring about changes in modern life. Such loneliness is the biggest challenge facing elderly people and aggravating their psychosocial and health conditions.

Many studies were conducted to improve the quality of life of the elderly and to enhance their capacities by helping them adapt to their environment. For example, García and Navarro (2018) aimed at analyzing the impact of life quality as a metavariable that conditions the health and social welfare of elderly people. Results revealed that there are statistically significant differences between elderly people in life quality due to age. The older have lower life quality than the younger participants do. Social contact and relations reduce while getting older. The study recommended conducting further studies on the factors affecting life quality among elderly people and developing mechanisms to enhance the quality of their social and environmental life.

Feng et al. (2018) assessed the effective enhancement of the housing environment designed for elderly people to improve their life quality. One of the strategies proposed to promote their life quality is the perception of psychosocial and health needs required for promoting the adaptation with the housing environment. The study recommended that decision-makers should work on developing strategies related to enhancing the housing environment designed for elderly people.

Dong et al. (2017) aimed to understand the status and influencing factors of the quality of life of elderly patients in the community of Changchun City. The study revealed that demographic factors affected the four domains of life quality (i.e. social, psychological, physical, and environmental). There was a positive correlation between education, vocational level, income, and good life

quality in terms of the psychosocial domain when taking into account the livelihood, health, or social services.

Kaur, Kaur, and Venkateashan (2015) surveyed determinants of household support and the quality of life of the elderly. The study revealed that males manifested better life quality. The highly educated elderly had a good life quality. Moreover, those who were financially independent had a healthier life. Those practicing their daily-life activities independently, those receiving adequate support from the family, and those not encountering problems in their daily life had an enhanced life quality. The major factors affecting life quality for elderly people included financial independence and domestic support.

Fernández-Caballero, et al. (2014) introduced a project named "Improvement of elderly people Quality of Life and Care through Smart Emotion Regulation". The study recommended developing strategies related to the enhancement of life quality. In addition, the factors affecting the quality of life of the elderly shall be defined.

Khan and Tahir (2014) aimed to highlight social elements affecting the quality of life of the elderly in Malaysia. The study adopted the life quality scale of elderly people known as "WHOQOL-BREF" comprising four domains (i.e. physical, psychological, social, and environmental). It reported that the social domain directly affected the quality of life of the elderly. Moreover, being independent of partners or children caused a lower life quality. It recommended providing social support for elderly people to enhance their life quality. Based on the literature, the perspectives of authors and specialists in the social field, the problem addressed by the present study is defining the requirements to enhance the quality of life of the elderly in Saudi Society.

Significance

The social, psychological, health, and economic care of elderly people is the scientific method with social and economic returns that affect the comprehensive development of society, particularly under societal expectations for raising their numbers in the future.

Objectives

- Defining the social, psychological, and economic problems facing elderly people in Saudi Society.
- Defining the health needs of elderly people in Saudi Society.
- Defining the cultural needs of elderly people in Saudi Society.

Hypotheses
- Elderly people may encounter social, psychological, and economic problems in Saudi Society.
- Some health needs are unmet for elderly people in Saudi Society.
- Some cultural needs are unmet for elderly people in Saudi Society.

Definition of Terms
-       **Elderly people**
Rathi and Mattu (2017) argue that elderly people are those aged 65 years or over (p.33). Oruç, Moralı, and Karakurt (2016) report that elderly people are aged 65-80 years (p.1). The present study defines them as the female aged 65 years or over in Saudi Society. They encounter tremendous problems and obstacles that hamper performing their daily activities properly and they need health and psychosocial care.
-       **Life quality**
There are many perspectives on the concept of life quality because it is relatively modern and involves subjective and objective aspects. Moreover, it is a relative concept that differs according to how different individuals perceive their life based on their needs and interests. Some people, for example, view life quality as being composed of a set of variables that aims at meeting their basic needs. Life quality may be gauged via certain objective indicators that measure the flowing values and subjective ones that measure the satisfaction level (Tharwat, 2010).
 Chaturvedi and Muliyala (2016) define life quality as the quality related to daily life activities, individual psychological welfare, social performance, perception of health condition and pain, and satisfaction in general (p.48). In addition, Álvares et al. (2012) define life quality as a multidimensional structure that involves physical, intellectual, social, and economic aspects related to the perception of the individual towards his/her life status (p.984). As-sirojy (2004, p.383) defines life quality as the qualitative and quantitative indicators that measure the psychosocial, health, and economic conditions; their interaction and reflections on the individual's productivity active engagement, and satisfaction level, as well as meeting them.
The present study defines the concept of life quality as improving the level of the social welfare of elderly people, as well as the psychological, social, economic, health, and cultural support provided to them for a decent life.

Methodology
Method
It is a descriptive-analytical study. It aims at defining the requirements to enhance the quality of life of the elderly in Saudi Society using social surveys of beneficiaries of health care centers in Riyadh.

Population and Sampling

The population covered female elderly people who benefit from health care centers in Riyadh. The study was applied to a sample of (384) participants based on field visits to those health care centers. The total number of female elderly people is (78,812) in Riyadh (The General Authority of Statistics, 2017). The sample size was defined at the significance level of (0.05) based on the statistical tables reported in the literature (Al-Dhahyan and Hasan, 2002, p.311). After excluding three questionnaires, the final number of questionnaires was (381). This field study was applied to (6) health care centers throughout (Northern, Eastern, Southern, and Western) Riyadh. The participants were intentionally selected as a non-probability sample utilized when the author attempts to study a certain population.

Determinants parameters: The study covered the Saudi elderly aged (65) years or above, elderly people visiting health care centers, the retired and elderly people staying home.

Tools

The study utilized a questionnaire to collect field data from the health care centers in Riyadh. It comprised two domains: Preliminary data and hypotheses (i.e. the psychosocial, economic, health, and cultural levels).

Validity

A. Face validity

To verify the tool's validity, the author reported it to a number of reviewers. Then, she employed their feedback to develop the final form of the tool.

B. Internal validity

The author calculated the Pearson correlation coefficient to define the reliability of the questionnaire. She calculated the correlation coefficient between each item and the total degree of the domain. The correlation coefficients were positive and statistically significant at the level of (0.01) or less.

C.   Reliability

Cronbach's alpha was used to calculate the reliability of the questionnaire. The total reliability coefficient was high and rated (0.84%). That is, the questionnaire is reliable for the field study.

Results and Discussion

- Social problems of elderly people

Table 1: The participants' responses to the items of the social problems of elderly people in descending order according to the means of agreement

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
1	Missing some friends	Total	315	66	0	2.83	0.379	1
		%	82.7	17.3	0			
2	Missing the adequate position within the family	Total	302	79	0	2.79	0.406	2
		%	79.3	20.7	0			
3	Having much leisure time	Total	302	42	37	2.70	0.638	6
		%	79.3	11	9.7			
4	Weak social relations	Total	309	36	36	2.72	0.627	4
		%	81.1	9.4	9.4			
5	Many domestic disagreements	Total	308	43	30	2.73	0.596	3
		%	80.8	11.3	7.9			
6	Inactive involvement in volunteer work	Total	302	49	30	2.71	0.602	5
		%	79.3	12.9	7.9			
7	Lack of social appreciation	Total	296	43	42	2.67	0.666	7
		%	77.7	11.3	11			
8	Lack of social interests	Total	290	36	55	2.62	0.726	9
		%	76.1	9.4	14.4			
9	Inactive engagement in group activities	Total	309	42	30	2.73	0.595	3
		%	81.1	11	7.9			
10	Inability to make new friends	Total	308	67	6	2.79	0.443	2
		%	80.8	17.6	1.6			
11	Weak interpersonal relationships	Total	295	56	30	2.70	0.608	6
		%	77.4	14.7	7.9			
12	Social insecurity	Total	296	42	43	2.66	0.671	8
		%	77.7	11	11.3			
	Total arithmetic means					2.72	0.514	-

Table (1) shows that the level of social problems of elderly people was high with an arithmetic mean of (2.72). "Missing some friends" was ranked first with an arithmetic mean of (2.83). "Missing the adequate position within the family" was ranked second with an arithmetic mean of (2.79), but "social insecurity" was ranked last with an arithmetic mean of (2.66).

– Psychological problems of elderly people

Table 2: The participants' responses to the items of the psychological problems of elderly people in descending order according to the means of agreement

No.	Item		Agree	Neutral	Disagree	Arithmetic means	Standard deviation	Rank
1	Loneliness and isolation	Total	303	72	6	2.78	0.452	2
		%	79.5	18.9	1.6			
2	Feeling bored with life	Total	309	66	6	2.80	0.441	1
		%	81.1	17.3	1.6			
3	Lack of self-confidence	Total	309	42	30	2.73	0.595	5
		%	81.1	11	7.9			
4	Fear and concern about the future	Total	301	50	30	2.71	0.603	7
		%	79	13.1	7.9			
5	Dissatisfaction with life	Total	307	56	18	2.76	0.528	3
		%	80.6	14.7	4.7			
6	Disapproval of others	Total	307	56	18	2.76	0.528	3
		%	80.6	14.7	4.7			
7	Low self-esteem	Total	315	36	30	2.75	0.589	4
		%	82.7	9.4	7.9			
8	Lack of self-adjustment	Total	297	48	36	2.69	0.637	9
		%	78	12.6	9.4			
9	Difficulty in harmonizing with others	Total	291	72	18	2.72	0.546	6
		%	76.4	18.9	4.7			
10	Weak perception and concentration	Total	284	66	31	2.66	0.622	10

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
		%	74.5	17.3	8.1			
11	Post-retirement stress	Total	259	85	37	2.58	0.662	11
		%	68	22.3	9.7			
12	Inability to take care of the self	Total	308	36	37	2.71	0.633	7
		%	80.8	9.4	9.7			
13	Sleeping disorders	Total	302	48	31	2.71	0.608	7
		%	79.3	12.6	8.1			
14	Feeling depressed	Total	302	42	37	2.70	0.638	8
		%	79.3	11	9.7			
	Total arithmetic means					2.71	0.479	-

Table (2) shows that the level of psychological problems of elderly people was high with an arithmetic mean of (2.71). While "feeling bored with life" was ranked first with an arithmetic mean of (2.80), "loneliness and isolation" was ranked second with an arithmetic mean of (2.76). "Post-retirement stress" was ranked third with an arithmetic mean of (2.58).

– Economic problems of elderly people

Table 3: The participants' responses to the items of the economic problems of elderly people in descending order according to the means of agreement

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
1	Low monthly income	Total	345	36	0	2.91	0.293	1
		%	90.6	9.4	0			
2	Insufficient income for treatment	Total	302	73	6	2.78	0.453	4
		%	79.3	19.2	1.6			
3	Economic insecurity	Total	302	61	18	2.75	0.534	5

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
		%	79.3	16	4.7			
4	No fixed income	Total	110	61	210	1.74	0.879	9
		%	28.9	16	55.1			
5	Insufficient income for the basic needs	Total	297	60	24	2.72	0.574	7
		%	78	15.7	6.3			
6	Low livelihood	Total	303	54	24	2.73	0.568	6
		%	79.5	14.2	6.3			
7	Insufficient income for the various needs	Total	327	42	12	2.83	0.455	2
		%	85.8	11	3.1			
8	Depending on the sons' income	Total	122	68	191	1.82	0.889	8
		%	32	17.8	50.1			
9	Lack of additional financial resources	Total	296	67	18	2.73	0.541	6
		%	77.7	17.6	4.7			
10	Insufficient income for the family needs	Total	320	43	18	2.79	0.509	3
		%	84	11.3	4.7			
11	Incapacity to work	Total	327	24	30	2.78	0.575	4
		%	85.8	6.3	7.9			
	Total arithmetic means					2.59	0.381	-

Table (3) illustrates that the level of psychological problems of elderly people was high with an arithmetic mean of (2.59). While "the low monthly income" was ranked first with an arithmetic mean of (2.91), "the insufficient income for the various needs" was ranked second with an arithmetic mean of (2.83). "No fixed income" was ranked third with an arithmetic mean of (1.74).

– **Health needs of elderly people**

Table 4: The participants' responses to the items of the health needs of elderly people in descending order according to the means of agreement

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
1	Periodic medical examination	Total	333	36	12	2.84	0.443	1
		%	87.4	9.4	6.1			
2	Health insurance	Total	320	43	18	2.79	0.509	3
		%	84	11.3	4.7			
3	Specialized centers for treating elderly people within the public health care centers	Total	321	42	18	2.80	0.508	2
		%	84.3	11	4.7			
4	Health insurance covering all diseases	Total	297	48	36	2.69	0.637	8
		%	78	12.6	9.4			
5	Easily obtaining medications	Total	302	43	36	2.70	0.633	7
		%	79.3	11.3	9.4			
6	Reducing waiting times of seeing the specialized physicians	Total	308	49	24	2.75	0.563	5
		%	80.8	12.9	6.3			
7	Reducing the cost of medications for elderly people	Total	314	43	24	2.76	0.556	4
		%	82.4	11.3	6.3			
8	Supplying the necessary drugs in public health care centers	Total	314	55	12	2.79	0.477	3
		%	82.4	14.4	3.1			
9	Easily accessible health care services	Total	327	30	24	2.80	0.538	2
		%	85.8	7.9	6.3			
10	Familiarity with the health service providers	Total	309	42	30	2.73	0.595	6
		%	81.1	11	7.9			
11	Education programs about healthy foods	Total	309	42	30	2.73	0.595	6
		%	81.1	11	7.9			

135

No.	Item		Agree	Neutral	Disagree	Arithmetic means	Standard deviation	Rank
12	Home health care services	Total	321	30	30	2.76	0.582	4
		%	84.3	7.9	7.9			
13	Education programs about the physical exercises	Total	308	43	30	2.73	0.596	6
		%	80.8	11.3	7.9			
	Total arithmetic means					2.75	0.496	-

Table (4) illustrates that the level of the health needs of elderly people was high with an arithmetic mean of (2.75). The "periodic medical examination" was ranked first with an arithmetic mean of (2.84). "Establishing specialized clinics within public health" was ranked second with an arithmetic mean of (2.80), and "health insurance covering all diseases" was ranked third with an arithmetic mean of (2.69).

– **Cultural needs of elderly people**

Table 5: The participants' responses to the items of the cultural needs of elderly people in descending order according to the means of agreement

No.	Item		Agree	Neutral	Disagree	Arithmetic means	Standard deviation	Rank
1	Establishing a public library in the neighborhood	Total	333	48	0	2.87	0.332	1
		%	87.4	12.6	0			
2	Organizing cultural programs to meet the interest of elderly people	Total	315	54	12	2.80	0.476	2
		%	82.7	14.2	3.1			
3	Holding training in using the computer	Total	309	60	12	2.78	0.485	3
		%	81.1	15.7	3.1			
4	Establishing cultural clubs in the neighborhood	Total	302	55	24	2.73	0.569	5
		%	79.3	14.4	6.3			
5	Establishing clubs for elderly people to spend leisure time	Total	302	37	42	2.68	0.662	7
		%	79.3	9.7	11			
6	Establishing a council for holding regular meetings	Total	321	18	42	2.73	0.646	5

No.	Item		Agreement			Arithmetic means	Standard deviation	Rank
			Agree	Neutral	Disagree			
7	Delivering educational and awareness-raising lectures in the neighborhood	%	84.3	4.7	11	2.70	0.632	6
		Total	303	42	36			
8	Benefiting from my experience to serve the community	%	79.5	11	9.4	2.78	0.485	3
		Total	309	60	12			
9	Practicing some cultural hobbies	%	81.1	15.7	3.1	2.76	0.554	4
		Total	315	42	24			
10	Offering cultural and recreational journeys	%	82.7	11	6.3	2.80	0.508	2
		Total	321	42	18			
	Total arithmetic means	%	84.3	11	4.7	2.76	0.483	-

Table (5) illustrates that the level of the cultural needs of elderly people was high with an arithmetic mean of (2.75). "Establishing a public library in the neighborhood" was ranked first with an arithmetic mean of (2.87). "Organizing cultural programs to meet the interest of elderly people" was ranked second with an arithmetic mean of (2.80), and "establishing clubs to occupy the leisure times of elderly people properly" was ranked third with an arithmetic mean of (2.68).

Hypothesis: There is a statistically significant positive correlation between the problems and needs of elderly people at the level of (0.01).

- **The problems and needs of elderly people**

Table (6): The relationship between the problems and needs of elderly people

		Problems of elderly people
Needs of elderly people	Pearson correlation coefficient	0.962
	Statistical significance	**0.00

(*) Significant at 0.01

Table (6) shows that there is a statistically significant positive correlation between the problems and needs of elderly people. Pearson correlation coefficient was estimated (0.962) at the level of (0.00) which was smaller than (0.01). To conclude, the higher problems elderly people have, the higher their needs become.

Discussion

A. Characteristics of the participants:

Elderly people aged (65-70) years were ranked first in the age group (71.7%). In terms of the education level, the illiterate were ranked first (23.4%). Regarding the residential area, Southern Riyadh was ranked first (27.8%). Most of the participants were married (43.6%). Moreover, most of them were unemployed (45.4%). In terms of family size, families with 6-8 members were ranked the highest (47.2%). Most of the participants relied on the pension (88.7%). Most of the participants received income less than (SR 3,000) rating (48.6%). In addition, Most of the participants depend on their sons for care (75.9%).

B. Results related to the hypotheses

Social problems of elderly people

The results reveal that all participants agreed that the most significant social problem of elderly people was "missing some friends" because elderly people do not easily make new friends and do not replace their longstanding old friends lost due to death or retirement. This result is consistent with Ghanim (2016) reporting that the main challenge facing elderly people is their feeling that they are isolated from previous relationships. Consequently, their feeling of loneliness and social isolation becomes worse.

The participants also agreed on "missing the adequate position within the family" and "inability to make new friends" due to the

138

changes to elderly people's social roles that negatively affect their psychological condition. This finding was consistent with Abdullah (2011) pointing out that losing or undermining the social position of elderly people is clearly reflected in their behavior and mode of interaction with others. It mostly prompts them not to make new friends.

The participants agreed on the "inactive engagement in group activities" and having "many domestic disagreements" that may result from the inactive social engagement and staying at home for long periods. Consequently, they trigger many social problems with the spouse and sons due to conflicting perspectives. Many previous studies report that domestic disagreements are one of the biggest challenges to elderly people in Saudi Society. The participants agreed that elderly people have weak social relationships because of their poor inclusion in society. This result is consistent with García and Navarro (2018) reporting that the level of interaction and social engagement declines with age.

The participants agreed that elderly people lack social appreciation. Elderly people need to be feel appreciated by others and that their opinions are respected. Feeling social insecurity was ranked next. This result is consistent with Khan and Tahir (2014) reporting the importance of providing positive social security to promote life quality. Social support, in particular, is a main source of social security for elderly people. The participants' agreement on the "lack of social interests" was ranked last. In other words, elderly people have no significant social interests because of the changes associated with getting old and weak social relations and interactions.

These results generally agree with the literature regarding the direct and significant impact of social factors on the quality of life of the elderly, as reported by Khan and Tahir (2014).

Psychological problems of elderly people

The participants agreed that feeling bored with life is the major psychological problem facing elderly people, which is supported by the nature of the related changes since having successful relationships with others is a manifestation of mental health. In this regard, Ahmed (2015) underlined the great impact of social problems of elderly people on self-adjustment within their families. "Loneliness and isolation" was ranked second. They result from fear, anxiety, depression, and low activity level as reported by mental health specialists.

The "dissatisfaction with life" and "disapproval of others" were ranked third because the social, physical, and psychological functions of elderly people decline. This result agrees with García and Navarro (2018) reporting that there were age-related statistically significant differences. That is, the older ones showed poor life quality.

They agreed that the low self-esteem of elderly people depends mainly on the social roles performed and the related expectations. In other words, losing such roles negatively affect self-esteem. The lack of self-confidence was ranked fifth. It agrees with the results of Al-Inizi (2013) pointing out that self-esteem problems correlate with the lack of self-confidence.

Moreover, the participants agreed on the psychological problems related to the "fear and concern about the future", "feeling depressed", and "sleeping disorders". Elderly people have fear and concern about the future because their life is socially, physically, and economically unstable. They feel unable to overcome such issues. They also feel depressed because of such fear. This result agrees with the results of Ahmed (2015) and Abdul-Khaliq (2016).

The participants agreed to "feeling depressed". This result agrees with Nasr (2013) suggesting a statistically significant negative relationship between self-esteem, loneliness, and depression because loneliness and depression levels decline when there is positive self-esteem.

Economic problems of elderly people

The participants agreed that the low monthly income is the most significant economic problem, especially after retirement. It is supported by the results of the participants' features highlighting that the monthly of about half of the sample is below the average monthly income of the Saudi citizen (SR 3583). This result may remarkably influence life quality since it hampers the fulfillment of psychosocial needs. Moreover, being unable to bear treatment expenses aggravates their health conditions. The result agrees with the findings of Mihedat (2015).

The participants agreed on the insufficient income for the various needs because most families comprise 6-8 members posing a great pressure on the family. In this regard, Siyam (2010) indicated that the fewer children a family has, the higher the psychological, social, and financial adjustment becomes. The participants also agreed that the income is insufficient for covering the treatment expenses because of the lack of a comprehensive health insurance policy. Kaur et al. (2015) argued that the financially independent elderly enjoy a healthier life.

140

To conclude, most of the participants encountered financial problems due to several reasons, including unemployment, retirement, low monthly income, and lack of additional financial resources. The problem aggravates when relying on the salary only. These findings are in line with Hiresh and Al-Sha'ir (2013) reporting a correlation between the economic status and the mental health of elderly people. Additionally, the higher income they have, the lower the needs and problems they encounter.

Health needs of elderly people

Results reveal that the most important health need of elderly people was the "periodic medical examination" because most elderly people usually encounter various diseases and health problems. In the light of the improper financial situation after retirement, elderly people need a periodic medical examination. This result confirms with Al-Falih (2017) arguing that having a monthly medical examination and lab tests is the most significant need for elderly people to be met.

The participants also agreed on establishing specialized clinics within public health care centers to facilitate accessing health services and reduce waiting time. Consequently, elderly people can easily access such services. Abdullah (2011) reported a similar result that elderly people encounter certain problems (such as waiting for long hours) to access health services making them feel insecure, disappointed, and dissatisfied with life.

Moreover, the participants agreed on the need for health insurance, especially because of the high health care costs that elderly people cannot afford. This result agrees with Al-Inizi (2013) concluding that the highest need for elderly people is having health insurance. Supplying the necessary drugs in public health care centers is another challenge because elderly people may not afford to purchase them due to the low monthly income or the lack of health insurance. This result matches Al-Ahmari (2016) stressing the supply of the necessary drugs for elderly people.

The participants agreed on the significance of providing home medical services as elderly people find it difficult to visit the health centers despite their keenness on the periodic medical examination. They also highlighted the importance of covering the health insurance for all diseases as some drugs are hardly provided and others are unavailable. As a result, they have to purchase these drugs outside health insurance coverage.

Cultural needs of elderly people

The results show that cultural needs include establishing a public library in the neighborhood because elderly people may spend much leisure time in reading various religious, cultural, and recreational books. Such readings help meet their cultural needs in the light of the contemporary changes, make use of leisure time, maintain self-esteem, and achieve the psychological and social adjustment. The participants also stressed organizing cultural programs to meet the interest of elderly people because these (educational, social, and athletic) events may contribute effectively to elderly people's recreation. They promote mental health and self-esteem through making new friends making elderly people feel better.

In addition, the participants agreed on organizing athletic and recreational journeys as most elderly people lack cultural and recreational support in their daily life. This finding agrees with Jalokh (2013) indicating that the journeys help elderly people engage in groups to open new channels of communication with the surrounding community and to remove age-related social and psychological changes. Holding training programs in using the computer could also help meet the needs of elderly people regarding private and public services.

The participants appreciated benefitting from the experience of elderly people to promote their self-esteem by paving the way for them to take part in building and strengthening the community and its status. Nevertheless, elderly people are usually humiliated by various community groups, thinking that they are useless and non-productive.

Practicing social hobbies was also emphasized. It enhances interaction with others and promotes making new friends, making elderly people feel satisfied with life. The success and continuity of this interaction closely relate to the practicing of hobbies because it helps recall past experiences to enjoy mental health and psychological balance. This argument agrees with Moughazy (2012) reporting that practicing recreational activities and hobbies may satisfy the tendencies and promote self-esteem and mental health of elderly people.

The participants also highlighted the significance of establishing clubs to occupy the leisure times of elderly people properly because practicing athletic activities promotes their social inclusion and making new social relationships that affect their psychological and physical conditions. Such practices reduce the

142

feelings of boredom, depression, and monotony and increase happiness. Sports play an important role in fitness and public health and prevent diseases related to immobility and psychological disorders.

Proposed planning indicators for enhancing the quality of life of the elderly in Saudi Society

Based on the qualitative and quantitative findings of the study, several planning indicators may be concluded for improving the quality of life of the elderly in Saudi Society in line with the results and recommendations of previous studies, as well as the field experience of the author. These recommendations may serve as determinants that support decision-makers and stakeholders to enhance the quality of life of the elderly in the Kingdom of Saudi Arabia.

- Developing a strategy for improving the quality of life of the elderly through collaboration with the Ministries of Health, Labour, Social Development, Media, Education, and Finance. A specialized consultative body develops the strategy that shall be monitored and assessed to achieve the policies of social care.
- Providing a system that supports elderly people to get an adequate and stable income that matches the increasing prices of commodities and services.
- Enhancing legislation related to elderly people that provide more security, health, as well as economic and psychosocial welfare.
- Developing systems that get elderly people involved in the processes of development, benefiting from their experience, and involving them in training for jobs that fit their physical and mental capacities.
- Intensifying media efforts through conducting advertisement campaigns in various media channels whether audiovisual or written regarding the medical follow-up of elderly people.
- Establishing clubs for elderly people that accommodate recreational and educational means to spend their leisure time effectively.
- Issuing cards for those aged 65 years or above entitling them to access the outpatient clinics without referral or appointment, not waiting for long hours, facilitating mobility within hospitals.
- Providing preventive health care services within hospitals and health care centers and carrying out periodic medical examinations

every 6 months for those above 65 years free of charge by the Ministry of Health.
- Supplying the required medications in hospitals and health care centers and offering elderly people discount cards to get drugs from private clinics in case of unavailability.

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144

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